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A WORD TO THE WISE

By GISELA VON POSWIK

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NEVER share a bed with your patient, may be good advice for some of our newly graduated nurses, who start out in private work.

Often one is called to a hotel or a private house where only a little room is at the disposal of you and your patient.

When night comes, the patient, glowing with fever, says frequently: "Miss S., do not sit on that hard chair during the night. Look—this bed is a double one, with room enough for two. Come share it with me, for you need rest. Do please me; it will be a comfort to have you near me."

Now, here comes the temptation to a nurse to please her patient, but stop a moment, think of your patient's and your own welfare.

A patient must have undisturbed rest. Can she have it if the nurse turns or even moves? Does it not annoy a sick person? Is it right for a nurse to allow herself to try to rest with a patient who is restless, coughs, or has fever? Certainly not. It's a professional crime on the nurse's side. There are many ways in which a nurse can use her own ingenuity. If you are in a hotel, ask for a cot, which can be folded under the patient's bed, or in harmless cases removed from the room during the day. Often a Morris chair, by letting down the back and using a few pillows, can be turned into a fairly comfortable resting place.

My first private case was in a large family in very poor circumstances. The mother asked me to share the bed with my patient, a child who had typhoid pneumonia, for there was absolutely no room in the house, and not even a comfortable chair or a couch. I noticed that the children were plagued with pediculosis, and the beds alive with undesirable inhabitants.

What could I do? The first thirty hours there was no time for sleeping. By making up the bed I discovered that the mattress was a divided one, my patient occupying only half the bed, so, on the impulse of the moment, half of the mattress was quickly washed well with strong carbolic solution and put on the kitchen roof. After it was well sunned and aired, it landed on the floor, which I was sure had previously received a good antiseptic cleansing.

Thus I had a clean, semi-soft spot on which to curl myself during the night. This portion of the mattress was removed to the roof during daytime.

Let me state another case which just comes to my mind. A nurse had charge of a patient with valvular cardiac disease, complicated with insomnia, for six months. After that she was worn out and was obliged to leave her charge.

When the new nurse arrived and was shown to the bedroom she found, to her astonishment, that the single bed was not made up. "Pray, where did Miss S. sleep?" The daughter of the patient, with some surprise, said: "Why, she always slept with mother. You know, poor mother always liked to hold her hand, and then she does not call," etc., etc.

But the new nurse quietly said: "Let us try a different plan and see how we can work it." She made up the single bed and pushed it close to her patient's bed. During the first night her patient touched her every few minutes, and both had very little sleep. The next night the bed was moved far away, so her patient could not reach her; but now the poor nurse was called as many as seven times in ten minutes.

She did not give in, however. The next night the same plan was followed, for she had found it was only a habit, which had to be broken. It was a hard fight, but after three weeks the nurse won. The patient was taught to be contented by herself and to sleep. The nurse obtained sufficient rest, thus enabling her to continue with the case many months.

Two years ago I had charge of a sanatorium. One night, by making late rounds, I found that one of my special nurses slept with her patient, who had tuberculosis. The next day I called her to my office and asked her the reason for sharing her patient's bed. She replied: "I know it is wrong, but I love the poor little woman; she has so little blood and could not get warm, and is so homesick for her husband and family. By taking her in my arms she was warm and comforted in a few minutes."

I warned her, and made her promise me not to continue such a foolish practice. After a few months I left the institution and did not hear again of the nurse until November last, when I met her unexpectedly. She looked well, but she told me a different story.

Since her patient's death, twelve months before, she had been much run down, coughing and expectorating, and was obliged to take the open-air treatment herself.

How foolish was this girl to injure her health, and for nothing, for her patient derived no benefit from her devotion.

Ignore the first temptation, and thus avoid the difficulty of breaking a bad habit later.